

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-008446

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2012

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION DOA Homer G. Phillips

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS 5024 Kensington Ave. Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Sallie

Childs

4. DATE
OF
DEATH

February 20, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/14/1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

039

17. INFORMANT

William Taylor 4620 San Francisco

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Systolic Heart Disease
ACUTE CORONARY OCCLUSION

INTERVAL BETWEEN
ONSET AND DEATH

10

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JAN 11 1963 to Feb 20 1963 and last saw her alive on Feb 19 1963

Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Tracy S. Alexander M.D.

22b. ADDRESS

1363 N. Union St. St. Louis 21-63

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/26/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

Berkley, Missouri

(State)

24. FUNERAL DIRECTOR

E. R. Dorce

ADDRESS

1221 N. Grand

25. DATE RECD. BY LOCAL REG.

FEB 23 1963

26. REGISTRAR'S SIGNATURE

Alan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

FORM 28-271-001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Malvin Blackburn

Licensed Embalmer No. 3962

P. O. Address

1221 N. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.